

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAY -5 AM 8:00

DOCUMENT # P00000053326

1. Corporation Name

GOOD FAITH, INC.

REINSTATEMENT 03-04

MRS

2. Principal Office Address

2881 ST JAMES LANE

3. Mailing Office Address

2881 ST JAMES LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MELBOURN, FLORIDA

City & State

MELBOURN, FLORIDA

Zip

32935

Country

USA

Zip

32935

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida P00000053326

5. FEI Number

59-3654559

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

YUSUF LATIF

Street Address (P.O. Box Number is Not Acceptable)

2881 ST JAMES LANE

Suite, Apt. #, Etc.

City

MELBOURN

State

FL

Zip Code

32935

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 04/27/2004

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
VTD	YUSUF LATIF	2881 ST JAMES LANE	MELBOURN, FL 32935

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E081 (01/04)

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GOOD FAITH INC.
2881 ST. JAMES LANE
MELBOURN, FL 32935

April 27, 2004

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

2003 UBR

Dear Sir/ Madam:

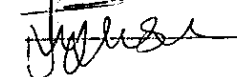
Please find attached the application for reinstatement along with a check for \$300.00 representing annual renewal fees for 2003 and 2004. We are requesting your reconsideration of the amount charged for reinstatement of the corporation. We only realized that the corporation has been administratively dissolved when our tax preparer accessed the DOS web site on the internet. We did not receive any correspondence from DOS before nor we had any knowledge about the requirement.

Please accept our check as a settlement for both years. As a small corporation, the reinstatement amount required will impose hardship on our operation.

If you have any question, please call me at (321)243-3582

Your immediate attention will be greatly appreciated.

Sincerely,



Yusuf Latif
President